



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Delta Evergreen
Name of provider:	Delta Centre Company Limited by Guarantee
Address of centre:	Carlow
Type of inspection:	Short Notice Announced
Date of inspection:	05 November 2020
Centre ID:	OSV-0004708
Fieldwork ID:	MON-0030874

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Delta Evergreen is a residential designated centre situated in Carlow town. Residents living in the centre are male and female adults and have an intellectual disability. All residents need a level of support. The centre comprises of three houses Tintean Blackbog, Teach Sonas and Tintean Coille 1&2. The centre strives to ensure that the rights of each individual resident are upheld, including a right to equality, dignity, respect, privacy and safety. The centre also strives to ensure that each resident can be supported to maintain a sense of individual identity and ownership of their own lives. The service is available 24/7. Staffing consists of social care workers and healthcare assistants. Nursing care is also available when needed. All of the residents living within these community residential settings have daily access to Delta Centre Ltd campus in Carlow. Residents also have access to a wide range of community based social activities.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	12
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 5 November 2020	10:00hrs to 16:30hrs	Tanya Brady	Lead

## What residents told us and what inspectors observed

The inspector completed a review of relevant documentation external to the houses that make up this centre initially before meeting with residents in one house. As the inspection took place in the middle of the COVID-19 pandemic the inspector adhered to national guidelines with respect to infection prevention and control. As there was a suspected case of COVID-19 in one house the inspector ensured there was no further risk to residents or the staff team assigned to that house by selection of another house to visit.

The inspector met with five residents all of whom were relaxing between the kitchen dining room and living rooms of their home. Staff were seen to be supporting some residents with activities at the kitchen table such as jigsaw puzzles. Another resident was observed to be enjoying joke and story telling with a staff member. The inspector spoke to one resident who was relaxing and playing music and they showed the inspector that they liked to use their headphones when listening.

Another resident was resting in a comfortable armchair and watching the news on television. They indicated that they did not want to be disturbed and the inspector respected this wish. The residents were comfortable and appeared relaxed in their engagements with staff and indicated that they were happy to see the persons in charge whom they instantly recognised despite the face coverings.

## Capacity and capability

The inspector found that residents received care and support that was person centred in nature and facilitated them to enjoy activities of their choice on a daily basis while recognising the current confines as a result of COVID-19. The provider's practices further ensured that residents' well-being was promoted at all times. Areas of improvement were noted across a number of regulations since the previous inspection of this designated centre.

There were clearly defined management structures which identified the lines of authority and accountability. This role of person in charge is currently shared between two experienced and suitably qualified individuals. The staff team reported to the persons in charge and they were clear on who they were and how to make contact with them. The persons in charge were meeting with the staff team on a regular basis to discuss residents' needs, personal plans, family input, clinical supports, audits, budgets, health and safety, safeguarding, and other issues as they arise. In addition there were regular management meetings and on reviewing the minutes of these meetings the inspector found that they were identifying areas for

further development in line with the findings of this inspection.

There were effective governance and management arrangements in place which ensured that the service received by residents in the centre was safe and of a good quality. There was an annual review of the quality and safety of care for 2019. The six monthly visits by the provider or their representative had been placed on hold as a result of the COVID-19 pandemic however had these had recently been recommenced. There were detailed person in charge audits completed in the interim as part of the oversight mechanisms in place. The inspector found that learning and improvements were brought about as a result of the findings of these reviews.

On the day of inspection there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs including their activity programmes. It was evident that staff knew the residents and their care needs well. The inspector found that residents appeared happy, relaxed and content. Staff members were observed by the inspector to be warm, caring, kind and respectful in all interactions with residents. The inspector reviewed rosters for all of the houses and noted that the provider had made changes following an inspection in another of their centres and relief and panels of day staff were now associated to specific houses within the centre.

The provider had measures in place to ensure that staff were competent to carry out their roles. Staff had received training relevant to their work, in addition to mandatory training in fire safety, manual handling, safeguarding and behaviour management. Additional reviews of the training in place to support day staff in carrying out their roles when redeployed in the centre had been completed and the inspector noted that all relevant training had been received. All staff in the centre had completed infection prevention and control training in addition to other areas relevant to the management of COVID-19 in the centre. All staff were in receipt of support and supervision provided by the persons in charge however the providers system included a requirement for staff to have a performance appraisal on an annual basis and this was not occurring.

There were written agreements for the provision of service in place in the centre. These agreements included the required information and had been agreed with residents' and or their representatives. However, the inspector noted that not all contracts had been signed as required.

Since the last inspection, the registered provider and management team had endeavoured to ensure that any issues that required improvement had been addressed, which improved the overall quality and safety of service to residents. However, some minor improvement was required to service agreements and the supervision of staff.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that the prescribed documentation for the renewal of the designated centre's registration was submitted to the chief inspector of social services as required.

Judgment: Compliant

### Regulation 15: Staffing

The inspector found that staff were suitably qualified and had the right skills to support residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The inspector found that staff had the required competencies to manage and deliver person-centred, effective and safe care and support for residents. They had access to training and refreshers in line with residents' needs and had been provided with specific training to support them in managing during the COVID-19 pandemic. While they were in receipt of formal supervision and support from the person in charge this was not being completed in line with the providers policy.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was written confirmation of insurance cover which included details of insurance against risks in the centre including accidents or injuries to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective governance, leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. There was an effective management structure, and there were systems in place, such as audits and management meetings to ensure that the service was provided in line with residents' needs and as described in the

statement of purpose.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service in place in the centre. These agreements included the required information and had been agreed with residents' and or their representatives. However, the inspector noted that not all contracts had been signed as required.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

There was a statement of purpose that described the service being provided to residents and met most of the requirements of the regulations and was being reviewed annually by the person in charge.

Judgment: Compliant

### Regulation 31: Notification of incidents

The inspector reviewed records of incidents and adverse events in the centre and observed that all that required notification to the chief inspector of social services had been made in line with the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

Overall, there was a suitable procedure for the management of complaints. The provider had ensured that residents were aware of the complaints process and it is a standing topic at residents meetings. Since the previous inspection of this centre no complaints had been received however records reviewed showed that those that had been outstanding at that time had been taken seriously by the provider, and had been investigated and finalised.



Judgment: Compliant

## Quality and safety

The provider's practices ensured that residents' well-being was promoted at all times and that residents were kept safe. The inspector found that residents received person-centred care and support that allowed them to enjoy activities and lifestyles of their choices albeit curtailed somewhat by the current COVID-19 restrictions.

The premises visited by the inspector was found to be clean, spacious, well designed and homely. Where areas had been identified as requiring maintenance and repair on the last inspection such as new carpets and painting, there was documentary evidence that these had been carried out despite the inspector not being able to visit the specific houses. The house visited by the inspector was seen to meet residents' specific care and support needs however there were steps some exit points which was a barrier for residents who used wheelchairs. This will be referenced in the section regarding fire precautions below. Each resident had their own bedroom which was decorated in line with their wishes and preferences. Residents had plenty of storage for their personal items and to display their pictures. There was a private space available for residents to meet their visitors if they so wished and there was a good level of communal and private space available.

The inspector reviewed a number of residents' personal plans and found them to be person-centred. Residents' personal plans that the inspector reviewed were found to have care plans in place that were in line with residents' assessed needs. Each resident had access to a key worker to support them and had an assessment of need which outlined which care and support plans they required. However, improvement was required in relation to ensuring all residents' support plans were effective as not all had been reviewed as required. Where care plan reviews had been completed there were comprehensive questionnaires completed in advance that formed a structure to elicit the residents current likes, dislikes and areas of interest. In addition, the inspector could see that where COVID-19 or resident personal preference had impacted on goals being achieved, these had been revised or re-set and all progress was clearly recorded both in writing and using photographs.

The inspector found that the provider and persons in charge were promoting a positive approach to responding to behaviours that challenge. Residents' as required had positive behaviour support protocols in place that clearly guided staff practice in supporting residents to manage their behaviour within specific situations and environments. The inspector reviewed a number that referred to 'learning to wait for the bus' or 'when transitioning from one activity to another'. Where a resident required a more comprehensive positive behaviour support plans referrals had been made to an appropriate professional for assessment and support. The inspector found that there were no restrictive practices on the day of inspection. There were a

number of restrictive practices in place in the centre and on review these had corresponding risk assessments in place or relevant health and social care professional documentation and were recorded clearly and reviewed by the persons in charge on a monthly basis.

The provider and person in charge had systems to keep residents in the centre safe. There were policies and procedures in place and safeguarding plans were developed as necessary in conjunction with the designated officer. The inspector reviewed a number of residents' intimate care plans and found they were detailed and guiding staff practice in supporting residents.

There were suitable arrangements to detect, contain and extinguish fires in the centre. Works had been completed in relation to fire containment since the last inspection with new doors and self closing hinges installed and the inspector reviewed all relevant documentation related to these. Suitable equipment was available however, evidence was not presented on the day that it had been maintained and regularly serviced as required. Each resident had a personal emergency evacuation procedure. Fire procedures were available in an accessible format and on display. Staff had completed fire training and fire drills were occurring. The ability of all residents to exit the centre using all identified exit routes such as where there were steps, was discussed on the day of inspection and the provider had self identified this as a concern.

The inspector found that the premises visited were visibly clean on the day of inspection. Clear cleaning schedules were in place that staff were adhering to. Staff and residents had access to hand washing facilities, alcohol gels and personal protective equipment (PPE). All staff wore both masks and visors at all times. An information folder was in place which contained guidance and protocols regarding best practice for the management of COVID-19, this was available to staff and residents. Contingency plans were in place for in the event of a suspected or confirmed case of COVID-19 and one was in use in one of the houses on the day of inspection.. Regular temperature checks were being completed by staff and all contacts in the centre were being recorded.

## Regulation 17: Premises

This centre comprises of three houses and works had been completed to ensure there were no areas requiring maintenance and repair. The premises visited by the inspector was found to be clean, spacious, well designed and homely and there was both private and communal space available for residents. .

Judgment: Compliant

## Regulation 27: Protection against infection

The provider had policies and procedures in place to protect residents from healthcare associated infections. Areas of concern regarding visitor protocols had been identified in other centres run by the provider and in audits against this centre and it was clear that the provider and persons in charge had responded positively and the staff were clear on all protocols in place on the day of the inspection. Cleaning schedules were in place and the house visited was visibly clean. COVID-19 was a standing item on staff and resident meeting agendas.

Judgment: Compliant

## Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. Works had been completed in relation to fire containment in the centre since the last inspection. There was however, no documentary evidence presented on the day to show that servicing of equipment had taken place in line with the requirements of the regulations. Staff had appropriate training and fire drills were held regularly. Residents' personal evacuation plans were reviewed regularly however for residents in wheelchairs some of the nominated exit routes had steps that would have to be navigated. .

Judgment: Not compliant

## Regulation 5: Individual assessment and personal plan

Personal plans were found to be person-centred and each resident had access to a key worker to support them with their personal plan. There was an assessment of need in place for residents. These had not all been reviewed at least annually in line with regulations thus ensuring they were still appropriate and effective.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Residents had positive behaviour support protocols which clearly guided staff to support them to manage their behaviour in specific situations.

Where more guidance was required residents were referred for assessments as required. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour.

Judgment: Compliant

### Regulation 8: Protection

There were policies and procedures to keep residents safe. Staff had completed training in relation to safeguarding residents and the prevention, detection and response to abuse. Where specific safeguarding plans were in place they had been reviewed as outlined in the providers policy and by national guidance.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Delta Evergreen OSV-0004708

Inspection ID: MON-0030874

Date of inspection: 05/11/2020

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The staff training and development policy has been reviewed and amended, Appraisals will commence from year 2 of staff's employment and annually thereafter, this will formulate part of the supervision process and will commence from January 2021. In line with the updated staff training and development policy, an annual appraisal for relevant staff will be completed over the course of 2021.</p>	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The contracts of Care identified in the inspection have been signed as required.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire alarm panels were serviced prior to the HIQA inspection (October 2020), however</p>	

there were gaps in the service history prior to September 2020. To ensure gaps in servicing does not occur in the future the organisation has implemented a procedure in which weekly checks are completed in all houses on the fire alarm panel.  
The Person in Charge Audit has been updated to include checks for servicing of the Fire Alarm panel and emergency lighting.

The organisation has employed the services of a fire and safety consultant, who will provide recommendations on amendments required at nominated exit routes. After consultation has been completed, the steps at exit routes will be amended in line with these recommendations.

Regulation 5: Individual assessment and personal plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:  
Identified care plan and PCP has been reviewed since inspection.



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2021
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	26/11/2020
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	17/11/2020
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including	Not Compliant	Orange	30/06/2021

	emergency lighting.			
Regulation 05(6)(a)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall be multidisciplinary.	Substantially Compliant	Yellow	24/11/2020